

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000481

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1284

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar BluffLength of stay in 1b
2 Weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lucy Lee HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Butler

c. CITY
OR TOWN Poplar BluffInside Limits
Yes ☐ No ☒d. STREET
ADDRESS RR 4

(If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Lawrence W Cotton

4. DATE
OF DEATH

Month Day Year

Jan. 23 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-7-1908

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days Hours Min.

3 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tie Buyer

10b. KIND OF BUSINESS OR INDUSTRY

Timber

11. BIRTHPLACE (City and state or country)

Wayne Co. Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dill Cotton

13b. MOTHER'S MAIDEN NAME

Emma Taylor

14. NAME OF HUSBAND OR WIFE

Goldie Cotton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Mrs Goldie Cotton

Address

Poplar Bluff

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 days

DUE TO (b)

Coronary insufficiency

3-6 months

DUE TO (c)

Coronary Artery Disease, with Pulmonary

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Emphysema, Severe.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-12-62 to 1-23-63 and last saw her alive on 1-23-63
Death occurred at 3:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
M. D.22b. ADDRESS 330 North Second
Poplar Bluff, Mo.

22c. DATE SIGNED 1-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-26-63

23c. NAME OF CEMETERY OR CREMATORY

Robertson

23d. LOCATION (City, town, or county)

Ellisboro

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

William Cooker Piedmont, Mo.

25. DATE RECD. BY LOCAL REG.

2/2/1963

26. REGISTRAR'S SIGNATURE

Theresa Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 3-0

13 1-0

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

6128

201201

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Cader Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cader

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.